

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

(G) Have appropriate written policy and procedures regarding confidentiality and protection of information and records, client grievances, client rights and responsibilities, and admission and discharge criteria.

(H) Demonstrate the ability to keep appropriate records and documentation of services performed.

(I) Maintain and furnish, upon request, a current report of fire and safety inspections of facilities clear of any deficiencies.

(J) Maintain and furnish, upon request, all required staff credentials including certified transcripts documenting required degrees.

Provider Specialties

Private Programs - Private facilities are those facilities who contract directly with the Oklahoma Health Care Authority to provide outpatient behavioral health services.

DMHSAS Contracted Programs - DMHSAS Contracted facilities are those facilities who contract with the Department of Mental Health and Substance Abuse Services to provide services

Public Programs - Public facilities are the regionally based Community Mental Health Centers.

Oklahoma
9-29-99
12-9-99
7-12-99
99-17

Revised 07-12-99

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TN# 92-07

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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PRIVATE FACILITIES
MEDICAL NECESSITY CRITERIA APPLIES TO ALL SERVICES

SERVICE	UNIT	LIMITATION
Crisis Intervention Services-adult/child	15 minutes	8 units per month 40 each 12 months
Treatment Plan Development - adult/child	One completed treatment plan each 12 months	Each additional unit requires prior authorization
Psychological Testing- adult/child	One hour of testing	All units require prior authorization
Individual Counseling- adult/child	30 minutes	6 units each 12 months*
Group Counseling - adult/child	60 minutes minimum	All units require prior authorization
Rehabilitative Group Treatment Services Adult/Child	30 minutes	All units require prior authorization
Treatment Plan Review- adult/child**	One review	All units require prior authorization
Medical Review- adult/child **	One review	Each additional unit requires prior authorization
Family Counseling - adult/child	30 minutes	2 units each 12 months*
Individual Rehab. Treatment - adult/child	30 minutes	All units require prior authorization

* Additional units require prior authorization.

** Payment will not be made for Treatment Review and Medical Review on the
same day.

STATE	<u>oklahoma</u>
DATE	<u>9-29-99</u>
DATE	<u>12-9-99</u>
DATE	<u>7-12-99</u>
DATE	<u>99-17</u>

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July 24, 1978

State OKLAHOMA

Attachment 3.1-A
Page 1a-2.11

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES CONTRACTED FACILITIES

MEDICAL NECESSITY CRITERIA APPLIES TO ALL SERVICES

SERVICE	UNIT	LIMITATION
Crisis Intervention Services Adult/Child	15 minutes	8 units per month 40 each 12 months
Community Based Structured Emergency Care *** - Adult or Child (18 to 21 years of age)	3 hour increments	128 units each 12 months
Treatment Plan Development Adult/Child	One Completed Treatment Plan each 12 months	Each additional unit requires prior authorization
Psychological Testing Adult/Child	One hour of testing	All units require prior authorization
Individual Counseling Adult/Child	30 minutes	6 units each 12 months*
Group Counseling Adult/Child	60 minutes minimum	All units require prior authorization
Group Rehabilitative Treatment Services - Adult/Child	30 minutes	All units require prior authorization
Treatment Plan Review ** Adult/Child	One review	All units require prior authorization
Medical Review** Adult/Child	One review per month	Each additional unit requires prior authorization
Family Counseling - Adult/Child	30 minutes	2 units each 12 months*
Individual Rehabilitative Treatment - Adult/Child	30 minutes	Prior authorization is required

* Additional units require prior authorization.

** Payment will not be made for Treatment Review and Medical Review on the same day.

*** Payment will not be made for any other service when Community Based Structured Emergency Care is billed.

(The unit rate for Community Based Structured Emergency Care excludes room and board costs.)

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AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
CATEGORICALLY NEEDY

PUBLIC FACILITIES - MEDICAL NECESSITY CRITERIA APPLIES TO ALL SERVICES

SERVICE	UNIT	LIMITATION
Crisis Intervention Services Adult/Child	15 minutes	8 units per month 40 each 12 months
Community Based Structured Emergency Care *** - Adult or Child (18 to 21 years of age)	3 hour increments	128 units each 12 months
Treatment Plan Development Adult/Child	One Completed Treatment Plan per 12 months	Each additional unit subject to medical necessity criteria
Psychological Testing - Adult/Child	One hour of testing	Subject to medical necessity criteria
Individual Counseling - Adult/Child	30 minutes	6 units each 12 months*
Group Counseling - Adult/Child	60 minutes minimum	Subject to medical necessity criteria
Group Rehabilitative Treatment Services - Adult/Child	30 minutes	Subject to medical necessity criteria
Treatment Plan Review ** Adult/Child	One review	Subject to medical necessity criteria
Medical Review** - Adult/Child	One review	Subject to medical necessity criteria
Family Counseling Adult/Child	30 minutes	2 units each 12 months*
Individual Rehabilitative Services - Adult or Child	30 minutes	All services require prior authorization

* Additional units require prior authorization and are subject to medical necessity criteria.

** Payment will not be made for Treatment Review and Medical Review on the same day.

*** Payment will not be made for any other service when Community Based Structured Emergency Care is billed.

(The unit rate for Community Based Structured Emergency Care excludes room and board costs.)

2.a. Outpatient Hospital Services (continued)

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persedes
99-07 New page

State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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2.b. Rural health clinic services and other ambulatory
services furnished by rural health clinic

Within limits of other providers for same services and limited to
services specified in certification.

STATE	<u>OKLA</u>
DATE REC'D	<u>SEP. 30 1985</u>
DATE APP'D	<u>AUG. 15 1985</u>
DATE EFF	<u>SEP. 1 1985</u>
HCFA 179	<u>85-7</u>

A

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N# 85-7
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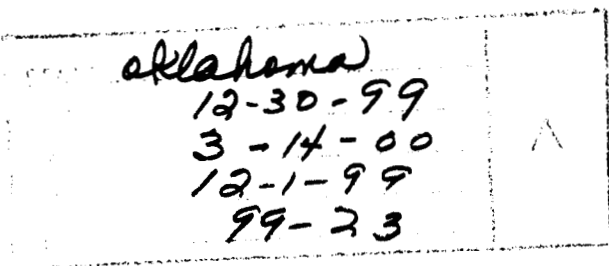
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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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3. Other Laboratory and X-ray Services

- Medically necessary outpatient diagnostic x-rays and laboratory work.



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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4.a. Nursing facility services (other than services in an institution for
mental diseases) for individuals 21 years of age or older

Payment is made for nursing facility services after approval by the Agency for such care. Nursing facility services include coverage of all medically necessary prescriptions not otherwise covered under the Plan.

STATE	<u>oklahoma</u>	A
DATE	<u>9-29-99</u>	
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State OKLAHOMA

AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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4.b. Early and periodic screening and diagnosis of individuals under 21 years of age, and treatment of conditions found

Early and Periodic Screening, Diagnosis and Treatment Services for each eligible individual under 21 years of age include payment for the following:

- (1) Child Health Screening Examinations by a licensed medical or osteopathic physician. Scheduled screenings include: Six screenings by the first year of life; two screenings in the second year; one screening yearly for ages 2 through 5 years; and one screening every other year for ages 6 through 20 years.
- (2) Diagnostic x-rays, lab, and/or injections when prescribed by a physician.
- (3) Outpatient care for medically necessary ancillary services.
- (4) Dental services include: inpatient services in an eligible participating hospital; two outpatient dental screenings: one set of bite wing x-rays; two oral prophylaxis and two topical fluoride treatments each twelve months; emergency services for relief of pain and/or acute infection; limited restoration, repair and/or replacement of dental defects; other dental services require a prior authorization.
- (5) Optometrists' services - visual screening or visual analysis and glasses.
- (6) Hearing aid evaluation and purchase of a hearing aid when prescribed as a result of the hearing aid evaluation.
- (7) Medication - Medically necessary prescriptions not covered by the Vendor Drug Program.
- (8) Psychological services - Services of licensed psychologists may be compensable if provided in provider's office, patient's home or hospital where this service is not a part of the per diem reimbursable cost of the facility.

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STATE <i>oklahoma</i>	
DATE REC'D <i>1/4/99</i>	
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State OKLAHOMA

**AMOUNT, DURATION AND SCOPE OF MEDICAL AND REMEDIAL CARE AND SERVICES PROVIDED
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b. EPSDT (continued)

- (9) Transportation - provided when necessary in connection with examination or treatment when not otherwise available as authorized.
- (10) Medical supplies, equipment, appliances and prosthetic devices not otherwise available to Medicaid recipients in the state under the State Plan are available when preauthorized.
- (11) General acute care inpatient hospital services are limited to 12 days for adults (per fiscal year July 1 through June 30). Under EPSDT, inpatient hospital services for persons under the age of 21 are unlimited. All psychiatric admissions for children require prior authorization for an approved length of stay.
- (12) EPSDT services furnished in a qualified child health center which includes the following:

(A.) Child Health Screening Examination: An initial screening may be requested by an eligible individual at any time and must be provided without regard to whether the individual's age coincides with the established periodicity schedule. The periodicity schedule recommended by the American Academy of Pediatrics has been adopted for use by the State and can be found on Attachment 3.1-A, Page 1a-6.3f. Interperiodic screens necessary to make a determination that an illness or a condition is (or might be) present will be provided to EPSDT recipients as medically necessary and billed as an appropriate encounter. The initial and all periodic health screening examinations must include all of the following components to be compensable.

1. **Comprehensive Health and Development History.** This information may be obtained from the parent or other responsible adult who is familiar with the child's history and include an assessment of both physical and mental health development. Coupled with the physical examination, this includes:

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Page 1a-6.2

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4.b. EPSDT
(12) (continued)

2. **Developmental Assessment.** This includes a range of activities to determine whether an individual's developmental processes fall within a normal range of achievement according to age group and cultural background. Acquire information on the child's usual functioning as reported by the child, teacher, health professional or other familiar person. Review developmental progress as a component of overall health and well-being given the child's age and culture. As appropriate, assess the following elements:

Gross and fine motor development
Communication skills, language and speech development
Self-help, self-care skills
Social-emotional development
Cognitive skills
Visual-motor skills
Learning disabilities
Psychological/psychiatric problems
Peer relations
Vocational skills

3. **Assessment of Nutritional Status.** Nutritional assessment may include preventive treatment and follow-up services including dietary counseling and nutrition education if appropriate. This is accomplished in the basic examination through:

Questions about dietary practices
Complete physical examination, including an oral dental examination
Height and weight measurements
Laboratory test for iron deficiency
Serum cholesterol screening, if feasible and appropriate

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